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A STUDY ON ASPECTS OF CHANGE (INCLUDING DEVELOPMENTAL ASPECTS) OF DISEASE IMAGE IN CHILDREN WITH MEDICAL PROBLEMS

— EXAMINATION INTO THE PROBLEM AS TO HOW THESE
CHILDREN ARE CONCERNED WITH THEIR DISEASE —

By

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Based on the results in the previous studies on adults' Disease Image, which reveal that the particular way in which a person is concerned with his disease contributes to give changes to his Disease Image, the problem of how the delicate children are concerned with their diseases was investigated from the following five indices: 1. one's interest in disease, 2, one's subjective susceptibility to disease, 3, one's emotional direction to disease, 4 one's emotionality to disease, and 5. subjective distance between self and disease.

Disease Image Questionnaire, an inquiry into free descriptions concerning "my disease", and an inquiry into the given self-evaluation for these five indices, were carried out with 169 children with medical problems.

The developmental process of the subjective ego must be considered, but the results in this study showed that the above-mentioned five indices were fairly significant for an approach to the way of concern with disease.

It was specially noted that 6 children, who were internally concerned with disease itself, showed fairly contrasted results from 9 children's, who were typically concerned with the external consequences of the disease. That is, the former showed high interest in disease, subjectively high susceptibility to disease, emotionally positive direction and high emotionality to disease, and subjectively near distance between self and disease.

These results seem to suggest that, in order to actualize children's subjectively or psychologically healthy ways of being in spite of their objectively or medically unhealthy and ill state, we should approach them from such a psychotherapeutic viewpoint as they could realize the conversion from the external concern with disease to the internal one. It seems to me that a field of realization of this conversion will be able to be found in training of T-group, and then the above-mentioned five indices will be fairly useful for making certain of this conversion.

PROBLEM

This paper forms a series of investigations into children's D.I. (D.I. is short for Disease Image), which was carried out on the basis of the results in the previous studies on adults' D.I. (1967, 1972).

In advance of this report, a differential study on developmental aspects of D.I. between healthy and delicate children was reported (1975). The following were suggested.

1. It is true the developmental factors must be considered, but D.I. is basically regarded as an experience process, in which a special encounter with one's disease occurs. Therefore, D.I. must be approached from the aspects of changing process.

2. As adults did, both the healthy and the delicate children also showed that they were consistently concerned with disease negatively. This result indicates that each of them shows a common attitude to his disease, when each of them intends his consciousness to his disease. In this meaning, also in children as well as adults, their particular ways of being concerned with disease seem to contribute to give changes to their D.I.

Then, in order to approach to aspects of change in children's D. I., it seems there is no other way of approach than a way of understanding, in which, based on the internal or personal viewpoint, in other words, based on the way of being with both investigator and child, aspects of change of intention in the child to his disease can be understood through the way of intending himself to his disease. Through the way of understanding, we can expect that the children with medical problems will be able to actualize the subjectively healthy way of being in spite of their objectively unhealthy and ill state, which we already emphasized again and again.

But then, we must ask ourselves the problem by what indices the way of concern with disease will be concretely caught and touched.

Previous study on adults' D. I. related with this problem, A correlational study by the varimax method on basic dimension of meaning of D.I. (1972) indicated the two ways of being concerned with disease. One is the way of being concerned with the external consequences of the disease, the other is the way of being internally concerned with disease itself.

The former is the way, in which a person intends to objectify one's own disease as an alien object from his own inner experience world, to regard it as an enemy, accordingly, to remove his own disease and to fight against it. On the other hand, the latter is the way, in which a person intends to disclose one's own inner experience world to his own disease, to identify it with a significant part of himself, therefore, to accept

Table 1. The relationship of the way of concern with disease to the five indices

Five indices	The way of concern with disease	
	The external way	The internal way
1. One's interest in disease	Low	High
2. One's subjective susceptibility to disease	Low	High
3. One's emotional direction to disease	Negative	Positive
4. One's emotionality to disease	Low or high	High
5. Subjective distance between self and disease	Distant	Near

his own disease as it is and regard it as an intimate friend in a sense.

It was also found that these two ways of being concerned with disease were checked by the following five indices in common. The corresponding results of the check of each index with the way of concern with disease are the same as shown in Table 1. (cf. Table 1)

Thus, in this paper, the problem of how delicate children are concerned with their disease will be investigated through making clear the relationship shown in Table 1.

METHOD

Subjects were 169 male and female children with medical problems in the nursery school (50 asthmatics from 7 to 14 years old, 88 nephritics from 7 to 16 years old, and 31 children with progressive muscular dystrophy from 10 to 16 years old).

D.I. Questionnaire, an inquiry into free descriptions concerning "my disease", was carried out with procedures similar to Kuhn's Twenty Statements Test (1954), and an inquiry into the given self-evaluation for the above-mentioned five indices (ex. Please answer the question whether the distance between self and disease is subjectively near or not. Please estimate your experienced distance by the measure from 0 (near) to 10 (distant) with the \downarrow mark.) was carried out.

Particular efforts were made to establish the rapport with children and to understand the contexts of their inner experience world. Consequently, these two inquiries were carried out individually or in small groups of 5 or 6 subjects.

RESULTS AND DISCUSSION

1. *Facts of the ways of being concerned with disease*

a) Through the way of understanding free descriptions about "my disease" obtained from D.I. Questionnaire, the aspects of the ways of children's being concerned with disease were fully clarified. (Methodological considerations about the interpretation of free description are discussed in detail by the author's report entitled "A way of interpretation of Twenty Statements Test from the phenomenological or personal view-point", which will be announced in the 40th Annual Congress of the Japanese Psychological Association.)

From the interpretation of these free descriptions about "my disease", it was found that the children who showed the way of their being concerned with the external consequences of the disease were significantly more than the children who showed the way of their being internally concerned with disease itself (163 among 169 cases, $CR=12.51$, $p<.01$).

b) Close examination into the external way of concern with disease indicated that there were some delicate differences in an atmosphere of the way of concern with disease between the kinds of disease.

Typically speaking, it seems that the asthmatic showed the intention of fighting

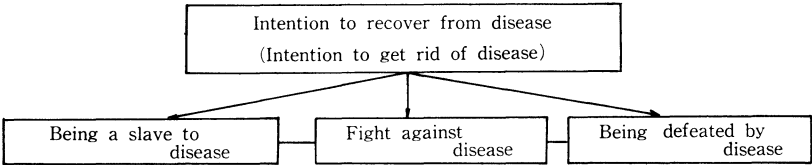


Fig. 1. The external way of concern with disease in the asthmatic

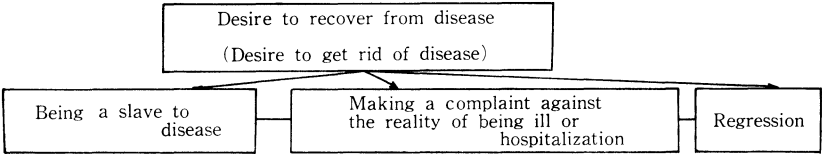


Fig. 2. The external way of concern with disease in the nephritic

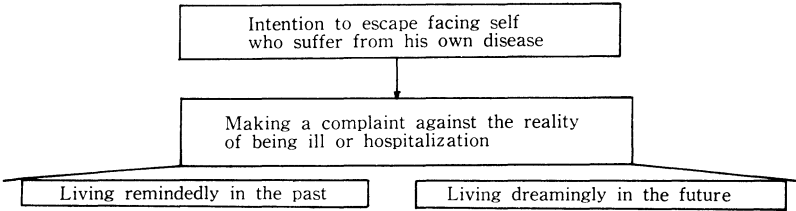


Fig. 3. The external way of concern with disease in the child with dystrophy

against the disease by himself; the nephritic showed the intention of enduring his sufferings by himself; and the child with dystrophy showed a colorless and dreary atmosphere of the way of concern with disease.

The detailed explanations of the above-mentioned differences between the kinds of disease were attempted by Figs. 1~3.

2. *Relationship of the way of being concerned with the external consequences of the disease to the above-mentioned five indices*

a) The numbers of children in each grade of the self-evaluation for each of five indices were classified by ages of children and by diseases and calculated. As the result, it was found that there were no significant relationship between the external way of concern with disease and the above-mentioned indices, excepting the index 3 (one's emotional direction to disease: I think disease is a hateful enemy for me.). That is, the external way of concern with disease was related with the index 3. Especially, clear relationship between the two was found in children of the following ages. (cf. Table 2)

b) The numbers of children in each grade of the self-evaluation for each of five indices were classified by diseases. Like the above-mentioned result the significant relationship between the two was found in the index 3 in every disease. That is, in the

Table 2. The clear relationship of the way of being concerned with the external consequences of the disease to the index 3

Kinds of diseases Age	The asthmatic	The nephritic	The child with dystrophy
8	~	7 among 7 cases $p < .01$	~
9	8 among 9 cases $p < .025$	10 among 11 cases $p < .01$	~
10	11 among 11 cases $p < .005$	11 among 13 cases $p < .025$	~
11	13 among 13 cases $p < .005$	~	~
12	~	~	~
13	~	14 among 16 cases $p < .005$	7 among 8 cases $p < .05$
14	5 among 5 cases $p < .05$	9 among 9 cases $p < .005$	~
15	~	9 among 9 cases $p < .005$	~

asthmatics 48 cases among 50 cases ($CR=6.42$, $p < .01$), in the nephritics 76 cases among 88 cases ($CR=9.05$, $p < .01$), and in the children with dystrophy 25 cases among 31 cases ($CR=3.26$, $p < .01$). And further, in the nephritics, a clear relationship between the two was found also in the index 4 (one's emotionality to disease: I feel disease is very fearful.) (55 cases among 88 cases, $CR=2.81$, $p < .01$).

From these results, it is indicated that the index 3 among the five indices mainly corresponded with the external way of concern with disease. The clear relationship to the index 3 seems to correspond distinctly with the above-mentioned facts of the way of being concerned with disease, that is, the intention of recovering from his own disease in the asthmatic, the desire to recover from his own disease in the nephritic, and the desire to escape from facing himself who is suffering from his own disease in the child with dystrophy.

Though the asthmatics could fight against disease, the nephritics could not always do so. This factual cognition seems to lead the nephritics to the significant relationship to the index 4: high emotionality to disease.

The children with dystrophy came to deny his self who is suffering from his own disease. Therefore, it seems that they too seriously underwent the attack of disease to inform the way of concern with disease through the self-evaluation for the five indices.

The relationship to the other indices, as expected previously, could not be ascertained. The following reasons are actually inferred from close examination into data.

One reason is that the children with medical problems seem to be obliged to express the external way of concern with disease only through the index 3 or 4. It seems to be a difference between the healthy and the delicate children whether they gained their composure or not. It may be said in this connection that the healthy children clearly showed a significant relationship to the index 1: one's interest in disease (low interest in disease).

The other reason is that it must be considered that the way of concern with disease is dependent on the development of the subjective ego. In this meaning, some of

children in this study seem to have fairly a handicap as subject.

3. *The relationship between the two ways of being concerned with disease and the five indices examined by pure cases*

Through close examination into data of D.I. Questionnaire, the following pure cases were selected: 9 children among the asthmatics and the nephritics from 11 to 16 years old, who showed the way of being concerned with the external consequences of the disease: ex. Disease shall die !; 6 children among the asthmatics and the nephritics from 10 to 15 years old, who suggested the way of being internally concerned with disease itself: ex. Thanks to disease, I have time enough to read many books., If I had been healthy, I could not have met with new mates.

The findings shown in five indices by children's way of concern with disease were compared with the results of the check of each index, as shown in Table 1. The results corresponded well with the results shown in Table 1. It is said that the clear relationship between the way of concern with disease and these indices was ascertained. (cf. Table 3)

When we compared the subjectively estimated distance between self and disease by ways of concern with disease, it was found that the children who manifested the external way of concern with disease showed more distant estimation than the children who suggested the way of being internally concerned with disease itself did. (cf. Table 4)

Table 3. The relationship between the way of concern with disease and the five indices examined by pure cases

The way of concern with disease The indices	The external way	The internal way
1	Low: 9 among 9 cases $p<.005$	High: 6 among 6 cases $p<.025$
2	Low: 6 among 9 cases NonSig.	High: 5 among 6 cases NonSig.
3	Negative: 9 among 9 cases $p<0.05$	Positive: 6 among 6 cases $p<.025$
4	High: 7 among 9 cases NonSig.	High: 6 among 6 cases $p<.025$
5	Distant: 8 among 9 cases $p<.025$	Near: 6 among 6 cases $p<.025$

Table 4. The relationship of the way of concern with disease to the subjectively estimated distance between self and disease

The way of concern with disease	Estimated value	Mean	SD	t	p
The external way		7.11	1.38	3.93	<.01
The internal way		2.66	0.71		

(By pure cases)

These results suggest that the relationship of the way of concern with disease to the five indices will be able to be made clear through the development of subjective ego after the age of 9 or 10 years, and at the same time, by pure cases, in which the internal way or the external way of concern with disease was typically shown.

Based on the facts that, as adults did, children also showed the way of being concerned with the external consequences of the disease, we investigated into the indices, through which the way of concern with disease would be able to be approached concretely.

The developmental process of the subjective ego must be considered, but the results of this study showed that the five indices were fairly significant for an approach to the way of concern with disease.

Regarding these five indices as indicators, we shall be able to develop practically the study on aspects of change of D.I.

Especially, in order to actualize children's subjectively or psychologically healthy ways of being in spite of their objectively or medically unhealthy and ill state, we should approach them from such a psychotherapeutic view-point as they could realize the conversion from the external way of concern with disease to the internal one. It seems to me that a field of realization of this conversion will be able to be found in training of T-group, and then the five indices will be fairly useful for making certain of this conversion.

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